

H.R. 5795 [[bill text](#)]

Provides coverage under Medicare and Medicaid for voluntary advance care planning consultations; makes grants available for communities to develop programs to support “physician orders for life sustaining treatment” to support patient autonomy across the continuum of care; requires advance care planning standards for electronic health records; and allows portability of advance directives across states.

BACKGROUND:

While there is widespread agreement in the principle that individuals should be fully involved in decisions related to their health care, too often this is not the reality. Most adults have not completed an advance directive; if documents are completed, they are not regularly revisited and can be difficult to locate when needed; and because these issues are difficult to discuss, often surrogates still feel ill-prepared to interpret their loved ones' written wishes. These shortcomings leave families and health care proxies faced with the burden of determining their loved ones' wishes in the midst of crisis, adding greater stress and anxiety.

One of the greatest misconceptions about advance care planning is that it is a one-time event. Attempting to plan for all possibilities in a single document or within a single conversation is both overwhelming and impossible. For advance care planning to be successful, it must become less about legal documentation and more about facilitating ongoing communication about future care wishes among individuals, their health care providers, and surrogates. This approach recognizes that documents like advance directives and physician orders for life sustaining treatment are not the “ends”, but the “means” – the tools for documenting care preferences based on informed decisions that incorporate an individual's values, personal goals, and current circumstances.

This process not only provides higher quality care, but personalized care.

SUMMARY OF THE LEGISLATION:

The Personalize Your Care Act aims to support advance care planning by providing Medicare and Medicaid coverage for voluntary consultations about advance care planning every 5 years or in the event of a change in health status. This periodic revisiting of advance care documents and goals of care recognizes that individual's preference may change over time. More so, should an individual develop a serious or chronic illness, additional curative and palliative

treatment options may be available and the advance care plan should be updated to reflect the individual's current circumstances and preferences.

The bill provides grants to states to establish or expand physician orders for life sustaining treatment programs. These programs have a track record of promoting patient autonomy through documenting and coordinating a person's treatment preferences, clarifying treatment intentions and minimizing confusion.

The bill also improves the accessibility of advance care planning documents by ensuring that an individual's electronic health record is able to display his or her current advance directive and/or physician orders for life sustaining treatment so that his or her wishes would be more readily known. The legislation allows advance directives to be portable to help individuals ensure that advance directives completed in one state may be honored in another state in which the individual needs care.

ENDORSED BY:

AARP, American Academy of Hospice and Palliative Medicine, American College of Physicians, American Geriatrics Society, American Hospital Association